

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: WIRELESS COMMUNICATION WITH  
IMPLANTABLE MEDICAL DEVICE

Attorney Docket Number:: 021628-000700US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Russian Federation  
Status:: Full Capacity  
Given Name:: Oleg  
Middle Name::  
Family Name:: Mosesov  
Name Suffix::  
City of Residence:: Maple Grove  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 17140 76th Place North  
City of Mailing Address:: Maple Grove  
State or Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code of mailing address:: 55311

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Perry  
Middle Name::  
Family Name:: Mills  
Name Suffix::  
City of Residence:: Arden Hills  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing Address:: 1288 Wynridge Drive  
City of Mailing Address:: Arden Hills  
State or Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code of mailing address:: 55112

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

**Foreign Priority Information**

Country:: Application number:: Filing Date::

**Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::